

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 766705

FILED
May 01, 2003
Secretary of State

Entity Name: NAPLES CHURCH OF RELIGIOUS SCIENCE, INC.

Current Principal Place of Business:

PO BOX 110185
NAPLES, FL 341080185

New Principal Place of Business:

Current Mailing Address:

PO BOX 110185
NAPLES, FL 341080185

New Mailing Address:

FEI Number: 59-2337696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, MELANIE
141 CYPRESS WAY EN APT E
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: BURNS, MELANIE
Address: 141 CYPRESS WAY APT E
City-St-Zip: NAPLES, FL 34110

Title: TT () Delete
Name: JENKINS, SALLY
Address: 15161 CEDARWOOD LA., #1301
City-St-Zip: NAPLES, FL 34110

Title: T () Delete
Name: FROGER, RICHARD
Address: 6659 HUNTLEY LANE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: FRAGLER, RICHARD
Address: 4970 WESCHESTER CT
City-St-Zip: NAPLES, FL 34105

Title: D (X) Delete
Name: BIURKHOLDER, JEFF
Address: 438 DENIS LANE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: JENKINS, SALLY
Address: 15161 CEDARWOOD LA., #1301
City-St-Zip: NAPLES, FL 34110

Title: T (X) Change () Addition
Name: HEIST, JOYCE
Address: 916 EGRETS RUN #204
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change () Addition
Name: SECO, GUILLERMO
Address: 300 E. 56 ST
City-St-Zip: NEW YORK, NY 10022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE BURNS

DT

05/01/2003

Electronic Signature of Signing Officer or Director

Date